

The Dean's Office can authorize interested volunteers to participate in research. All volunteer applications must be submitted to the Dean's Office for approval before the volunteer can begin. All volunteers must be in accordance with the linked policy. Volunteers may not take the position of a paid employee.

<http://uvapolicy.virginia.edu/policy/HRM-001>

Instructions

- Complete the entire form and obtain signatures from volunteer, responsible U.Va. faculty member, and if appropriate, volunteer's parent.
- Send the document as a PDF as well as a copy of the volunteer's CV to the Dean's Office at jjk8f@virginia.edu. The approved form will be returned to the sender and all cc's.
- Retain the approved form in your department or center for 5 years after the volunteer activity has ended.

Volunteer Information

1. Full Name

2. Address

3. Name of medical insurance carrier

medical insurance is a requirement for all volunteers

4. Citizenship

- U.S. Citizen
- Permanent Residence
- Foreign National on US visa – note the following restrictions:
 - B-1/B-2 Visas: may volunteer but cannot enter the country specifically for that purpose
 - Elapsed J-1 visas in the 30-day grace period before returning home: may not volunteer
 - F-1 and H-4 visas: precluded by the University from volunteering for work that paid employees normally perform.

If applicable, specify type of visa and effective dates:

5. Work Status (check all that apply)

- Under 18 years of age.
- Family of a U.Va. Employee and working in that family member's lab/office.
- Faculty. Requires an unpaid faculty appointment.
- Student. Provide name and location of volunteer's school below:
- Volunteer has pending employment at U.Va. (explain below)

Other - Explanation:

6. Emergency contact

Name	
Phone #	
Address	

Proposed Volunteer Activities

7. Describe the authorized scope of activities.

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8. Authorized period for conducting volunteer activities. Please include scheduled days of the week and hours.

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Safety and Training

9. The responsible faculty member must ensure that the volunteer has completed all required training for the start date. Check all that apply to the volunteer's responsibilities:

- ✓ **REQUIRED:** training on life safety issues (ie. Location of fire exits, use of protective equipment, etc.)

Use of vertebrate animals requires IACUC training.

Human subjects research and projects involving access to data with personal identifiers require CITI human subjects and/or HIPAA privacy training

Research involving radioactive material (EHS Radiation Safety Training) or infectious agents, or human specimens (Institutional Biosafety Committee Training).

Describe any other appropriate departmental safety issues:

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Other

10. Additional information that the responsible faculty member wants to have documented (e.g., ADA accommodations that must be made for the volunteer)

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Signatures and approval

Responsible Faculty Member

Name	Signature	Date
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Volunteer

As an authorized volunteer, I understand that I will be acting on behalf of the University of Virginia, and I will conduct my activities accordingly. I have read and agree to the terms and conditions of my volunteer activities outlined in this memorandum, and further understand that for my personal safety I must follow the directions of the faculty, professional research staff, grad student, or staff member supervising my activities. I also hereby agree that in my capacity as a Volunteer, I am not covered by University or Commonwealth insurance programs such as employee health insurance or worker's compensation. Additionally, I acknowledge that the University may deem it necessary to conduct a criminal background check on me in my capacity as a volunteer. I understand that I volunteer my services at the will and pleasure of the staff and management of the University of Virginia, and that my services may be terminated at any time, for any reason, in the sole discretion of the University.

Name	Signature	Date
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Parent of Volunteer (if applicable)

Name	Signature	Date
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Dean's Office Approval

Name	Signature	Date
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Graduate Student Responsible when Faculty Member is unavailable

Name	Signature	Date
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